



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1065

SERIAL NUMBER 10/037,977	FILING DATE 11/09/2001  RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 1273PCNFWCN3
-----------------------------	---------------------------------------	--------------	------------------------	-------------------------------------

## APPLICANTS

David A. Nicholas, Trumbull, CT;

Ernie Aranyi, Easton, CT;

Boris Zvenyatsky, Bronx, NY; Paul A. Matula, Brookfield, CT;

Stanley H. Remiszewski, Bolton, MA;

David T. Green, Westport, CT;

Henry Bolanos, East Norwalk, CT;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/417,535 10/14/1999 ABN  
which is a CON of 09/096,380 06/11/1998 ABN  
which is a CON of 08/777,115 12/30/1996 PAT 5,782,859  
which is a CON of 08/360,015 12/20/1994 ABN  
which is a CON of 07/925,496 09/04/1992 ABN  
which is a CIP of 07/834,687 02/12/1992 PAT 5,383,888

SW

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/01/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CT	21	10	1
Verified and Acknowledged Examiner's Signature <i>Sarah Webb</i> Initials <i>SW</i>				

## ADDRESS

50855  
UNITED STATES SURGICAL,  
A DIVISION OF TYCO HEALTHCARE GROUP LP  
150 GLOVER AVENUE  
NORWALK, CT  
06856

## TITLE

ARTICULATING ENDOSCOPIC SURGICAL APPARATUS

FILING FEE  RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------